Requiring Transplant Programs to Report in UNet℠ a Change in Criterion or Status within 24 Hours of that Change, and Other Edits

Sponsored by the Thoracic Organ Transplantation Committee

OPTN

Policies Affected

- 3.7.3 (Adult Candidate Status)

- 3.7.4 (Pediatric Candidate Status)

OPTN

24-Hour Policy Background

- The OPTN Contractor requires that:
  - Adult and pediatric heart transplant programs record in UNet^{SM} changes to a candidate's status or criterion within 24 hours of that change

- Requirement is not in policy

OPTN

Proposed 24-Hour Policy

- **Change in Status 1A or 1B Criterion or Eligibility**

  If a change in the candidate's medical condition makes the criterion used to justify a candidate's Status 1A or 1B no longer accurate, the transplant program must report the accurate information in UNet℠ within 24 hours of the change in medical condition.

  Pages 45 to 51 (all modifications)

OPTN

Other Proposed Modifications

- Remove phrase that the OPTN contractor will notify "a responsible member of the transplant team" prior to downgrading a candidate's Status

- Develop consistent language in the adult and pediatric policies regarding case referrals to the Thoracic Committee

- Edit the inotrope language in the pediatric policy so that it reads similarly as the adult policy

- Change in formatting and edits for plain language

OPTN

Phrase Removal

- The OPTN contractor no longer notifies "a responsible member of the transplant team" prior to downgrading a candidate's Status, in addition to displaying the candidate's status in UNet℠

  - UNet℠ displays a critical data section that lists candidates whose status are about to be downgraded

  - Clinicians may view a candidate's status at any time in UNet℠

Pages 45 to 51 (all modifications)

OPTN

Case Referral and Inotrope Languages

- Similar presentation of language about adult and pediatric heart status exception case referrals to the Thoracic Organ Transplantation Committee for review

- Similar language about inotrope – that the OPTN contractor will maintain the list of medications in UNet^{SM}

Pages 45 to 51 (all modifications)

OPTN

General Edits

- Similar presentation of language about submitting Status 1A and 1B exception requests and justification forms in adult and pediatric policies

    - Exception language section has a title
    - Status justification form submission section has a title

Questions?

OPTN

Update on the Activities of the Thoracic Organ Transplantation Committee

Mark Barr, MD – Chair
Steve Webber, MD – Vice-Chair

Regional Meetings
September – December, 2011

UNOS DONATE LIFE

Committee's Activities (1/2)

- Revising the Lung Allocation Score (LAS) system
    - Will be distributed for public comment in March, 2012
- Revising the pediatric heart policy for medical currency

OPTN

Committee's Activities (2/2)

- Revising the adult heart policy for medical currency
  - Primary focus: updating the mechanical circulatory support section

- Working with the OPO committee to develop appropriate guidance for allocation of lungs supported using ex vivo lung perfusion

OPTN

Heart Allocation System Data Update

Data Presented to the
OPTN/UNOS Thoracic Committee Meeting
September 13, 2011

Based on OPTN data as of July 22, 2011

OPTN

Summary: Waiting List Outcomes

- Increase in the number of active waiting list registrations and urgent waiting list registrations

- Waiting list mortality in Status 1A and Status 1B appears to have decreased

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UNOS DONATE LIFE

Summary
Transplant Outcomes (1/2)

- Increase in the number of transplants in the most recent complete year

- Distribution of status at transplant has changed:

  - Increase in the number of candidates at Status 1A

  - Decrease in the number of candidates at Status 2

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Summary
Transplant Outcomes (2/2)

- Borderline significant decline in post-transplant survival for adult, Status 2 recipients (p=0.08)

- Borderline significant increase in post-transplant survival for pediatric recipients (all statuses combined) (p=0.098)

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Waiting List Outcomes (1/2)

- Total number of candidates is substantially lower than prior to the implementation of LAS (2005)

- Number of active candidates at least 12 years of age has increased during the most recent two years

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Waiting List Outcomes (2/2)

- Distribution of LAS at listing has shifted towards higher scores in the years since implementation

- Waiting list mortality is lower, overall, since implementation

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Post-Transplant Outcomes (1/2)

- Percentage of lungs transplanted has increased from pre- to post-LAS
- Huge increase in the number of transplants from pre-LAS to post-LAS
  - Large increase in transplants during the most recent complete year

Post-Transplant Outcomes (2/2)

- Substantial shift in the distribution of diagnosis from pre-LAS (greater than 50% group A) to post-LAS (greater than 50% group D).

- Post-transplant survival is comparable pre- and post-LAS, overall and by diagnosis grouping

OPTN